

**Tippecanoe County Community Corrections**  
**2800 N. 9<sup>th</sup> Street Road**  
**Lafayette, Indiana 47904**  
**(765) 742-1279**  
**Fax (765) 423-2896**

**State of Indiana**

**Court:** \_\_\_\_\_

**vs.**

**Judge:** \_\_\_\_\_

**Cause No:** \_\_\_\_\_

**DAY REPORTING RULES AND CONDITIONS**

1. In order to be eligible for this program, I understand that I must have any previous TCCC fees at a zero balance unless otherwise authorized by the Executive Director and/or Deputy Director and live in Tippecanoe County. Further, that I will not have an arrearage of more than \$300.00 on my Day Reporting fees or I will be subject to a level change or removal.
2. Day Reporting is a privilege. Failure to observe all rules and conditions will result in my termination from the program. If in the judgment of the Day Reporting division there is a reason to believe a violation has occurred action will be taken, which may include Work Crew, Loss of Earned Good Time Credit, placement on Home Detention, Work Release or Jail.
3. The use and/or possession of illicit or illegal drugs in any form or any amount by persons on Day Reporting are strictly prohibited. Any medication use must be documented and provided by way of Doctor's office.  
*Code of Conduct Class B Offense # 202: Possession or Use of Controlled Substance.*
4. The use and/or possession of alcoholic beverages in any form or any amount by persons on Day Reporting are strictly prohibited. You may not use cough medicine or syrup containing alcohol unless prescribed by a physician. You may not use K2/Spice or any form of the intoxicant. Any medication use must be documented and provided by way of Doctor's office.  
*Code of Conduct Class B Offense # 231: Intoxicants.*

5. Persons on Day Reporting will have a curfew of 10:00 PM. This does not include employment/classes, NA/AA meetings or medical. Curfew may be changed to an earlier time for violations of any rule or failure to keep fees in compliance with policy.  
*Code of Conduct Class A Offense # 120: Violation of Conditions of Temporary Leave.*
6. By its very nature, Day Reporting requires a set schedule of working hours. Open ended job assignments without hours that may be scheduled in advance will not be acceptable. Further, no change of employment or in work schedule may be made without prior authorization and approval of the Day Reporting division.
7. I understand that I must participate in any initial or follow-up IRAS assessment instrument while on Day Reporting. I agree to follow and comply with my stated case plan while on Day Reporting.  
*Code of Conduct Class A Offense # 116: Refusing a Mandatory Program*
8. I understand that I must maintain a permanent residence during my term of Day Reporting and that I must obtain permission *before* relocating. It is a violation of the rules of Day reporting to relocate without permission from the Day Reporting division. I also understand that hotels are not acceptable. I further understand that I must have a contact phone number on file with the Day Reporting division and inform them immediately when my contact number changes.
9. The employer will be notified of your placement on the Day Reporting program. They must expect the Day Reporting division to be checking with them to verify work schedules. The employer must cooperate fully with the Day Reporting division to include calling in overtime hours promptly. An employer may be asked to provide a record of hours worked and scheduled each week. I also understand that if requested I must provide a copy of my pay stub to verify hours worked each week. I understand that I may not work at a location that exceeds 60 miles from Tippecanoe County, Indiana. There will be no approval to remain overnight at a jobsite.  
*Code of Conduct Class A Offense # 120: Violation of Condition of Temporary Leave*
10. I understand that I may not leave the State of Indiana without court-ordered approval. Community Corrections will not grant permission to leave State.  
*Code of Conduct Class A Offense # 120: Violation of Condition of Temporary Leave*
11. Entrance onto the Day Reporting program implies consent to submit to a blood, breath, urine, or chemical test, whenever requested by the Day Reporting division to determine alcohol/drug use. You will be required to call

the Total Court Services Drug Screen Hotline everyday to listen for your assigned color. You must call 1-888-889-6989, press “8” for Indiana Drug Testing Notification. If your assigned color is testing that day you must report to Total Court Services located in our building for a drug screen that day. Failure to call or failure to report for a drug screen will result in removal from the program. You must pay a \$15.00 fee for drug screens at the time of the drug screen. All drug screen fees will be paid through Total Court Services. You will not be allowed to have a balance of more than \$30.00 in drug screen fees. Refusal to cooperate WILL result in Work Crew sanctions, loss of earned good time credit, level change or removal. *Code of Conduct Class B Offense # 203: Refusal to Submit to Testing.*

12. I understand that contacts at my residence are to be expected from the Day Reporting division Surveillance Officer’s during my sentence. My refusal to allow any Community Corrections Officer or other Law Enforcement Officer access to my residence will result in my removal from the Day Reporting program. Additionally, aggressive behavior of any kind by me or anyone else in the residence will result in my removal from Day Reporting.  
*Code of Conduct Class B Offense # 209: Impairment of Surveillance.*  
*Code of Conduct Class C Offense # 364: Interfering with Staff.*
13. I agree to allow any Community Corrections Officer or other Law Enforcement Officer to enter my residence without prior notice and to make reasonable inquiry into my activities and others in the residence and I agree to submit to the search of my person, property, and motor vehicle(s).  
*Code of Conduct Class B Offense # 209: Impairment of Surveillance.*  
*Code of Conduct Class C Offense # 364: Interfering with Staff.*
14. I understand that all pets must be confined so that any Community Corrections or other Law Enforcement Officer may enter my property or residence without fear of being attacked. I understand that failure to comply with this condition will result in sanctions or my removal from Day Reporting.
15. I understand that I must report to Community Corrections three (3) times per week on Monday's, Wednesday's and Friday's during the regular business hours of 8am-5pm. You will not be permitted to check in on any other day or at any other times. Failure to report for check in will result in a sanction, level change or removal.  
*Code of Conduct Class D Offense # 465: Violating Facility Rule*
16. I understand that every person at my residence must cooperate with all Community Corrections and other Law Enforcement Officer’s. Providing false information, attempting to deceive, or refusing to cooperate in any manner will constitute a violation and will result in immediate action taken for said violation. Providing false information may also result in the filing of criminal charges against me, a class D felony.

17. I understand that I am not to commit any law violations and I am to obey all municipal, county, state, and federal laws.  
*Code of Conduct Class A Offense # 100: Violation of Law.*
18. I understand that I am not to possess or have under my control any firearm, deadly weapon, or dangerous / destructive device to include pellet guns. I understand that if I am a convicted felon, it is illegal to possess firearms even after the conclusion of my Day Reporting sentence.  
*Code of Conduct Class A Offense # 106: Possession of Dangerous/Deadly Contraband/Property.*
19. I understand that while on Day reporting, I may not have contact at my residence with persons on Probation or Parole without permission from the Day Reporting division at Community Corrections. I understand that it is my responsibility to inform my visitors that they are not to consume alcoholic beverages prior to or during visitation and their failure to comply will constitute a violation of my Day Reporting sentence.  
*Code of Conduct Class D Offense # 473: Unauthorized Contact*
20. I understand that I must keep my work, school and treatment/medical schedule up to date weekly. You must write your employer/work status/school status on the back of your sign in sheet at the top of the page and fill out your weekly schedule to include: work schedule, job search time, AA/NA meetings, school schedule, court ordered appointments and any treatment programs. Failure to fill out employer/work/school status and failure to fill out your schedule will result in a sanction.  
*Code of Conduct Class A Offense # 120: Violation of Condition of Temporary Leave.*
21. I agree to sign release of information forms when requested to do so by the Community Corrections department.
22. I understand that if I remain outside of my residence after the 10:00 PM curfew, I will be subject to a sanction, level change or removal from the program. I also understand that I am not able to travel more than 60 miles from Tippecanoe County unless otherwise authorized.  
*Code of Conduct Class A Offense # 120: Violation of Condition of Temporary Leave*
23. In return for the benefit of being placed on Day Reporting in Tippecanoe County, I hereby specifically waive any and all rights as to search and seizure under the laws and the constitution of both the United States and the State of Indiana during my term of Day Reporting. This waiver of rights is limited to searches and seizures for any controlled substance, intoxicating liquor, K2/Spice or deadly or dangerous weapon or device as defined by Indiana law.

I agree to submit to searches and seizures for such substances of my person or property at any time by any Community Corrections Officer, other Law Enforcement Officer, or other person designated by the sentencing court or Day Reporting division of Community Corrections.

24. I understand that if I do not maintain employment, attend schooling, or participate in available programming equally at least 25 hours per week or attend schooling on a full time basis, I may be required to perform 24 Work Crew hours each week. Failure to complete any assigned/sanctioned work crew will result in further sanctions and possible removal from the program.
25. I understand that transportation to and from Tippecanoe County Community Corrections are my responsibility. I further understand that transportation problems WILL NOT be considered a valid, verifiable excuse of why I could not come in for a Day Reporting check in.  
*Code of Conduct Class D Offense # 465: Violating Facility Rule*
26. I understand that I must pay a \$6.00 daily fee to remain on Day Reporting. During business hours, fees may be paid at the front desk only in the form of cash or money orders. If necessary you may be placed on a MEMS unit for an additional cost of \$4.00 daily for a total cost of \$10.00 daily. Payments may also be received by mail in form of money order. My failure to pay my daily fee may result in a level change or removal from the program.
27. I understand that escape of Day Reporting may subject me to prosecution for the Crime of Escape under IC 35-44-3-5, a class D felony.  
*Violation of this rule falls under Class "A" Offense # 108: Escape:*  
Intentionally fleeing from lawful detention or knowingly or intentionally failing to return to lawful detention following temporary leave or other authorized absence granted for a specific time period.

## **VIOLATION SANCTIONS**

### **Class A, Major Violation Sanctions**

- a. Termination from the program, and/or
- b. Loss of good time credit.
- c. Work Crew Hours

### **Class B, Major Violation Sanctions**

- a. Written reprimand, and/or
- b. Loss of good time credit.
- c. Work Crew Hours
- d. Termination from the program

### **Class C, Minor Violation Sanction**

- a. Written reprimand
- b. Loss of good time credit
- c. Work Crew hours (not to exceed 40 hours)

### **Class D, Minor Violation Sanction**

- a. Written Reprimand
- b. Work Crew Hours (not to exceed 40 hours)

**A guilty plea or finding may result in the imposition of any sanction or combination of sanctions. The maximum allowable sanctions for each class offense are as follows:**

	Class <u>A</u>	Class <u>B</u>	Class <u>C</u>	Class <u>D</u>
<u>Sanction</u>				
Loss of Earned Credit Time	24 months	6 months	3 months	None
Work Crew	80 hours	60 hours	40 hours	40 hours
Loss of privileges	180 days	120 days	90 days	45 days

### **Loss of Earned Time Credit**

Authority for Tippecanoe County Community Corrections to grant or deny credit time or to assign a participant to different Credit time Class rests in, and is in compliance with, Indiana State Statutes IC35-50-6 and IC4-22-2. All participants who have lost credit time are afforded the opportunity to regain credit time by applying for a review of their credit time status thirty (30) days following the hearing in which credit time changes were made. You must make a request in writing to the Coordinator.

## **ACKNOWLEDGEMENTS**

- 1) I acknowledge that my participation on this program is completely Voluntary and that no one has threatened or coerced me in any way to participate in this program. I understand that any violation of the Day Reporting Program, including failure to pay fees, may result in my removal from the program. If the Tippecanoe County Day Reporting Department determines that I am to be removed from the program, I understand that I may be immediately placed on Home Detention, in Work Release or Jail.
- 2) I hereby knowingly and intentionally waive my fourth amendment rights to the extent provided for in this document as a condition of my participation on Day Reporting with Tippecanoe County, Indiana.
- 3) I have read and understand the above Day Reporting conditions and I agree to comply with them to include prompt payment of all fees owed. It has been explained to me that my failure to comply may result in a Loss of Earned Good Time Credit and/or removal from the Day Reporting Program and placed on Home Detention, in Work Release, Tippecanoe County Jail, or Indiana Department of Correction where I will serve the remainder of my court-ordered sentence.

\_\_\_\_\_  
Day Reporting Offender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Corrections Officer

\_\_\_\_\_  
Date

## **Total Court Services**

Total Court Services is the drug screen company and are located in our building. Once you are assigned a color (Total Court Services will call you with your color) you must call the 1-888-889-6989 number daily. When you dial that number you will press “8” for Indiana Drug Testing Notification. The system will proceed to state which color(s) are testing that day. If your assigned color is one of them mentioned you must report to our building for testing that same day. No Exceptions. We will be notified if you failed to Call and/or Report and you will be in violation of the program.

You will need to pay the \$15.00 for the screen at the time of the screen to Total Court Services. If you fail the screen for an illegal drug or prescription medication (no valid prescription on file) you will be charged another \$20.00 for the screen to be tested in the Laboratory. Your failure to pay will result in your refusal to test. If you are unable to provide a sample at the time of your arrival, you will have up to one (1) hour to do so. Failure to provide a sample within one hour of your arrival for a screen is a refusal to submit to testing violation.



DAY REPORTING POLICY  
CONCERNING DRUGS AND ALCOHOL

**CAUTION:** The following document is legally binding. Read and understand before signing.

Participation in the Tippecanoe County Day Reporting Program is voluntary. Those who apply must understand that they do so of their own free will. Additionally, those who apply *must understand that the program has a **ZERO** tolerance of alcohol and drugs. Therefore every applicant for the Day Reporting Program is required to sign the following document prior to being accepted into the program.*

If admitted into the Tippecanoe County Day Reporting Program, I understand and agree to the following terms, without the right of disciplinary hearing.

- A. That if I test positive for Marijuana or any other illegal drugs, or posses or consume alcohol or K2/Spice the results will be sent to the sentencing court(s) and the Probation Department.
- B. If I am on probation while on the Day Reporting Program, I also understand that a formal charge of probation violation may be filed with the court.
- C. If I am removed from the Day Reporting Program for any reasons, I understand that I may not be eligible for the program in the future.

By my signature below, I acknowledge that I have read and understood all of the above, and agree to all disciplinary terms as stated.

I agree to submit to Urinalysis or Breath Test when requested by Day Reporting personnel, law enforcement officer or sentencing court.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_